

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

FOR OGCC USE ONLY

Document Number: _____

Date Received: _____

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: _____

Name of Operator: PCR Operating Contact Name and Telephone: Gene Wehrer

Address: _____ No: _____

City: _____ State: _____ Zip: _____ Email: gwehrer1961@outlook.com

API Number: 087-60008 OGCC Facility ID Number: 10657

Well/Facility Name: ATU Well/Facility Number: W-21

Location Qtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: _____

Test Type:

Test to Maintain SI/TA status 5-year UIC Reset Packer

Verification of Repairs Annual UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test			Casing Test	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
<u>JSND</u>	<u>5558-5576</u>		Bridge Plug or Cement Plug Depth	
			<u>4945</u>	
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Data				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>4-21-21</u>	<u>SI</u>	<u>0</u>	<u>0</u>	<u>0</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>.330</u>	<u>325</u>	<u>325</u>	<u>325</u>	<u>-0.5</u>
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Kyle Schum</u>		

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Gene Wehrer

Signed: _____ Title: Pumper Date: _____

OGCC Approval: _____ Title: OGCC Date: 4/21/21

Conditions of Approval, if any: _____